V. S. No. 1

1	N. BWRLTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
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	ry ite	NS	# OF		
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	L RE	Υ.	Exa		
5	NEN	TIC	ified.		
ANGIN RESERVED FOR BINDING	RMA	XA	class		
9	A PE	ed E	erly	ficate	
0 4	SIS	stat	prop	TION is very important. See instructions on back of certificate.	
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STATE OF	MARYLA	AND-CERT	IFICATE (	OF DEATH
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- 2	Sur	4	6 3	- 12

1. PLACE OF DEATH	107.0
County Carroll	Registration Dist. No.
Village or City Lykervelle  (I)  Length of residence in city or town where death occurred H yrs H mos	No. Amin spuld Ital Hospital St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)  s. / S. ds. How long in U.S. if of foreign birth?
2. FULL NAME Robert Edward archer	
(a) Residence: No. 2704 54lleg on (Usual place of abode)	St., Ward. Baltunone Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That That OR DIVORCED (write the word)	21. DATE OF DEATH Leunher 28th, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of In ander name unknown	22. I HEREBY CERTIFY. That I attended deceased from September 26 1930 to December 25 1934
6. DATE OF BIRTH (month, day, and year) Wirl 135 1897	I last saw hum alive on Acceluber 254, 1934; death is said
7. AGE Years Months Deys If LESS then I day,hrs. ormin.	to have occurred on the date stated above, at 1.55 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Clerk V Lalesman SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, Lalesman Farfuld Fain, C. Balt.  SAW MILL, BANK, etc.  10. Date descend last worked at Jan.  11. Total time (seems) 10 MgA	tomelaneumon a
SAW MILL, BANK, etc.  10. Date deceased last worked at fam. this occupation (month and 1930 spent in this occupation wear)  11. Total time (yeers) / 0 % year)	
12. BIRTHPLACE (city or town) Baltimore (State or country) Md	Other Centributory Causes of importance:  Hunting for p chorce
13. NAME William C. archer	1726
13. NAME Wilham G. Archer  14. BIRTHPLACE (city or town) Unknown (State or country) Ohio	Name of operation None Date of What test confirmed diagnosis? Was there an autopsy? Yes
15. MAIDEN NAME Amelia Cooper  16. BIRTHPLACE (city or town) Baltimore (State or country) Tod  17. INFORMANT Youngheld State Hospital (Records)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Dykesvill, ma  18. BURIAL, CREMATION, OR REMOVAL  Place De Marwalennitz Date Dec 3.0, 1934	Manner of injury
19. UNDERTAKER George Portugues (Address) 17.35 January Cuz	24. Was disease or injury in any way related to occupation of deceased? ho
20. FILED Dec. 78, 1934 CHARLY SELV Registrar.	(Signed) form ( / M.D. M.D. M.D. M.D. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Exa	mple I	ii	Example II	
The principal cause of death of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	MEDELA	July 5,1927	Peritonitis	3 days ago
	JAN 4 16	9 11		
Other contributory causes of	importance:	3.	Other contributory causes of importance:	11 11 11
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Charglan

C	Registrat	tion Dist. No. 2	6
No. 88 ON death occurred in a horpital	or institution, give its N. U.S. if of foreign birth:	AME instead of street	
now long in	o. o. ii or roreign bittin	ryrs	ds.
ar			
St.,Ward.	II name	dent give city or town	10
MEDIC	AL CERTIFICA		
21. DATE OF DE	ATH	O. DEAT	
	Cember	156	193 =
	(Month)	(Day)	(Year)
to have occurred on the d	e on DEC	1.30Am.	nded deceased from , 19 = 54 ; death is said
The PRINCIPAL CAUSE (	0		Date of onset
Laremon	ua - Four	face -	Oct 33(?)
Dther Coutributory Caused	of importance:		
Name of operation What test confirmed diagn	section - race		of Eggwt 10-39
23. If death was due to exte			
Accident, suicide, or homic	cide?		
Where did Injury occur?  Specify whether Injury occ	(Specify city curred In INDUSTRY, in	y or town, county and HDME, or in PUBLIC	State) PLACE.
Manner of injury			
			110
24. Was disease or injury I	n any way related to oc	cupation of deceased	
(Signed)	nuhu	leve_	MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BI	PHISICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated Electronical of CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	V. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	of certificate.	
m )	. BWRITE PLAINLY, WITH UNFADING INK-1	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12283
Village or City Systemille.	Registration Dist, No.  No. Sprumafield State Household St., Ward  (If death occurred in a horpful or institution, give its NAME indeed of street and number)
2. FULL NAME On Marial Baker  (a) Residence: No. 257 Fill Case  (Usual place of abode)	nosds. How long in U. S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Recenser 13, 193 4  (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet i ettended decessed from 1934, to December 1934
6. DATE OF BIRTH (month, day, end yeer) September 39,1853 7. AGE Years Months Oeys If LESS than 1 dey,hi	to heve occurred on the date stated above, et 6.30 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Hemorrhage Dac 13-34
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  Samuel  Complex	Other Contributary Causes of importance:
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
18/BURIAL, CREMATION, OR REMOVAL  SURFACE SULLE Va. Oate See 15, 193  19. UNDERTAKER M. R. Etchison of Sou	Menner of injury
(Address) Frederick Md.  20. FILED Del 13, 1934 Chary New Registrar.	(Signed) M. Jurginia Berger M. O.  (Address) Sylvenille, M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	7.		
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V MOTHER

15. MAIDEN NAME

19. UNDERTAKER

16. BIRTHPLACE (city or town)
(State or country)

STATE (	OF MARYLAND-	CERTIFICATE OF DEATH	2284
1. PLACE OF DEATH			
County Carroll		(13) Registration Dist. No	7 ch
Village or City Elders	bues		
Village of City		NOSt.,Step f death occurred in a horpital or institution, give its NAME instead of street and r	ward ward
Langth of rasidance In city or town where	death occurredmos	ds. How long in U.S. if of foraign birth?yrsme	osds.
2. FULL NAME Sunie	K. Deserva	w	
(a) Residence: No. Eld	arobrus	St., Ward.	
(a) Nobidenov. No.	(Usual place of abode)	If nonresident give city or town and	Stale
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Beaucan July 26 1869 Days If LESS than 1 day,hrs.	I HEREBY CERTIFY. That I attended  Sight 1934, to Dec 19  I last saw h 1934 alive on Dec 18 1934  to have occurred on the date stated above, at 3 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	1934
G V	ormin.	were as follows: Chronic endocardeles	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Name	mone madaraction	
9. Industry or business in which		and upwitted	2 4 10
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Chronic nepocities Duration: not stated	
12. BIRTHPLACE (city or town)(State or country)	Nd.	Other Contributory Causes of importance:	
13. NAME LLO. St.	ausfield		
14. BIRTHPLACE (city or town)	Wa I	Name of operation Date of	~ ~ ~

What test confirmed diagnosis? Was there an autopsy? 2

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was disease or injury In any way related to occupation of deceased?

(Address) Elder

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
	mug1,1020	Out of the control of	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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$\widehat{I}$			ARGIN RESERVED FOR BINDING	大田子	EKVI	<u> </u>	FOR	SIND	5			)	
WELTE !	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	UNFADI	NG IN	VK-T	HIS	IS A P	ERMA	NENT	RECO	RD. Ever	v item of	infor-
mation sho	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully s	upplied.	AGE	plnous	pe	stated	EXA	CTL	Y. PH	YSICIAN	S should	state
CAUSE O	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	n plain	terms, so	that	it may	pe	properly	class	ified.	Exact	statemen	)00 to	UPA-
TION is ve	TION is very important. See instructions on back of certificate.	nt. Se	e instruct	ions o	n back	o jo	ertificat	e.			1	1	

V. S. No. 1

1	- 117	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	12255
1	. PLACE OF DE	ATH			(31)	
	CountyC	arroll			Registration Dist. No.	
	- Village or-City	Mt.Airy	3		NoSt.,	Ward
					NoSt.,	number) osds.
2	. FULL NAME.	Amye				
	(a) Residence: No	•	Mt.Air	y,Md.	St., Ward.  If nonresident give gily or town and	
	PERSONAL A	ND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diale
3. 3		LOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH December, 7,	, 1934
5a.	If married, widowed, or of HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That I attended	(Year)
					1930, to 2000 7	19.3.4
	DATE OF BIRTH (month, AGE Years	day, and year)	867-7-16 Days	If LESS than	1 last saw h 11 alive on All 7 1934	; death Is said
	67	4	21	1 day,hrs.	to have occurred on the date stated above, atQm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, protession, or kind of work do SAWYER, BOOK! 9. Industry or busines	ne, as SPINNER, (EEPER, etc	House	ife	artur, Schrois	12
:UP	work was done, s SAW MILL, BAN	s SILK MILL, K. etc.			Hypertinein	
000	10. Date deceased last this occupation (	worked at month and TOV.	11. Total ti	me (years) t i n this pation	Che Interstitias Militi	<
12.	BIRTHPLACE (city or tow (State or country)		rd Co. vland		Other Contributory Causes of importance:	10/11/
FATHER		nomas Hys	att,		Central Himmhage	1934
FAT	14. BIRTHPLACE (city o		aderick	<u>Co</u>	Name of operation Date of Date of	
- 1	(State or country		rvland da Moxle	0.0	What test confirmed diagnosis? Was there an a	utopsy?
MOTHER	15. MAIDEN NAME  16. BIRTHPLACE (city of (State or country))	town)Ur	nknovn	<u>,,</u>	23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide?	
17.	INFORMANT	illiam A Mt.Air		n	(Specify city or town, county and Stat Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION, OI		y Date Dec	9,,1934	Manner of injury	
19.	UNDERTAKER	m. Mr.	altz.		24. Was disease or injury in any way related to occupation of deceased?	no
20.	FILED CLE 9	, 19 <i>34</i> M	a) She	Registrat.	(Addres) Mitaly  2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 (1)	c		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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BINDING	
FOR BIN	
RESERVED	
ARGIN	

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. See instructions on back of mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12286

1	. PLACE OF DEAT		Marylan	d Tuberci	llosis Sanator:	ium 23		
	County Carr		G	olored Br	ranch	Registration I	Dist. No. 74	
	Village or City He	nryton	, Ma.		No		St.,	Ward
	Length of residence in cit	y or town where	death occurred	O_yrs1_mos	iQds. How long in U.S. if	of foreign birth?	instead of street and	number)
:	. FULL NAME C	ora Jar	ne Brown	<b></b>				
	(a) Residence: No. R	ock Hal	Usual place		• St., Ward.	If nonresident	give city or town an	d State
	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3.		r or race lored		Refed, Widowed,	21. DATE OF DEATH	ember	16	, 193 4 .
5a. If married, widowed, or divorced					gerther and the later was	(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of					22. 1 HEREB	CERTIF	Y. Thet I attended	deceased from
					Nov. 16	19 34 to 1		19 04
	DATE OF BIRTH (month, day	, end year) Ivi	ay 9, 19	909	I last saw h_er_elive on	Dec. 10		34 death is said
7.	AGE Years	Months	Days	ed above, et 12:2				
	25	7	7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related cause	es of Importance	Date of onset
Z	8. Trade, profession, or pa kind of work done,	rticular as SPINNER.	House me	16				
E	Orthiten, Bookings		nouse me	114	Pulmonary Tu	berculos	sis	Sept.
JPA	9: Industry or business In work was done, as S	ILK MILL.						1934
OCCUPATION	SAW MILL, BANK, e		11. Total t	time (years)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
0	this occupation (mor	th and $9/1$	4/34 spe	nt in this 2 1/				
		Rock :			Other Contributory Causes of Imp	ortance:		
12.	BIRTHPLACE (city or town). (State or country)	Maryl						
2		Brown						
FATHER	70. WAIL	T						
FAT	14. BIRTHPLACE (city or to		k Hall		Name of operation		Date of	
_	(State or country)		yland	- 4	What test confirmed diagnosis?		Was there an	autopsy? 60.
MOTHER	15. MAIDEN NAME 1.8			oa	23. If death was due to externel ca	uses (VIOLENCE) fill	I in elso the followin	ig:
101	16. BIRTHPLACE (city or to		Hall		Accident, suicide, or homicide?		Date of injury	, 19
2	(State or country)	Mary			Where did injury occur?	(8	town, county and Sta	
17.	INFORMANT John (Address) Henr	yton,	Neill, M	A.D.	Specify whether injury occurred I	n INDUSTRY, In HOI	ME, or in PUBLIC PI	LACE.
18.	BURIAL, CREMATION, OR R	4	0	100 01	Manner of Injury			
	Place Shaye	our	Date ple	18,1934	Nature of Injury			
10	UNDERTAKER W.	11/9	and		24. Was disease or injury In any v	vay related to occupa	ation of deceased?	uo.
19.	(Address)	wich	dill	md	If so, specify		6	
	Dec. 16,	, 34	al El	(721:	(Signed)	Thu	6.0%	Euce M. D
20.	FILED Dec. 10, 1	Annual and alast	puty Loc	Cal Registrar.	(Address)	/	NEmay.	on zerd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	4.568
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AN 4	July 5,1927	Peritonitis	3 days ago
EPBPALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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tem of	plnods	occ je	
INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
CORD.	PHYSI	act stat	
INT RE	LY.	d. Ex	
RMANE	XACT	classifie	
A PE	ated E	operly	mportant. See instructions on back of certificate.
SIS	e st	e pr	f cer
THI	q P	y b	k of
NK-	shoul	it ma	n bac
NG II	AGE	that	o suo
ADI	ed.	18, 80	tructi
CUNI	lddns	1 tern	ee ins
VITH	ully	plair	it. S
Y, V	caref	rH in	ortan
Z	pe	EA	mp

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state infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Maryland Tuberculosis Sanatorium County Carroll (23) Registration Dist. No. 74 Colored Branch-Village or City Henryton, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 13 ds. How long in U.S. if of foreign birth? Length of residence in city or town where death occurred \_\_\_\_\_ 2. FULL NAME William Henry Bryant 920 W. Fayette Street. Baltimore. Md. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Dec., Male Colored Single (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of ERTIFY, That I attended (or) WIFE of Nov. . 21. 1927 6. DATE OF BIRTH (month, dey, and year) 7. AGE Months **Oays** If LESS than 1 day .... The PRINCIPAL CAUSE OF DEATH end related causes of importance 0 \_min. Date of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Pulmonary Oct OCCUPATION Scholar 1933 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years)
spant in this
Underbown this occupation (month and year) - Unknown Wilson, 12. BIRTHPLACE (city or town) North Carolina. (State or country) Bryant. Henry FATHER Snow Hill. 14. BIRTHPLACE (city or town) Name of operation North Carolina. (Stete or country) What test confirmed diegnosis? MOTHER Beatrice Hodge. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Wingcontes Accident, suicide, or homicide?\_ 16. BIRTHPLACE (city or town) \_\_\_. (Stete or country) (Specify city or town, county and State) John E. O'Neill. M. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT Henryton, (Address) 18. BURIAL, CREMATION\_OR REMOVAL Menner of Injury Nature of injury 24. Was disease or injury in any way related to occupetion of If so, specify (Signed) 20. FILED \_\_\_ Deput Registrar. (Addresa)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis .	3 days ago	
in Grant V		,		
Other contributory causes of importance:		Other contributory causes of importance:	75.00	
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

								1	2222	
STATE	OF N	MARYL	ND-	CERTIF	ICATE	OF I	DEATH	MILE	4400	

1. PLACE OF DEATH			92-a	.10
County Carroll			Registration Dist. No	18.
			INDETER St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. m	number)
2. FULL NAME Hettie	A. Bucki	ngham		
(a) Residence: No.		ill Md	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	10
3. SEX 4. COLOR OR RACE Female White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Al Cecube 26  (Month) (Day)	, 193 4 (Yaar)
5a. If married, widowed, or divorced  WYSPAND OF REZIN T. I			22. I HEREBY CERTIFY, That I attended  Nov. 15, 1934, to Lile. 26	
6. DATE OF BIRTH (month, day, and year)	365-3-19		I last saw h er alive on Dec 26 ,19 34	; death Is said
7. AGE Years Months 9	Days 7	If LESS than 1 day,hrs. ormin.	Io have occurred on the date stated above, et lown.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date-of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	lousewif	<u>e</u>	Thrombosis Brached artery	12-12-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Hyps Static Pneumonia	12-14-0
12. BIRTHPLACE (city or town) Carl (State or country) Ma	1 ocs	ime (years) ntin this 27yrs upation	Other Contributory Causes of importance:	12-26-
14. BIRTHPLACE (city or town) Car (State or country) Ma	roll Co ryland	0	Name of operation	autopsy? 24
16. BIRTHPLACE (city or town). Care (State or country) Men 17. Informant Rezin T. Buc (Address), F. D. #8. West 18. BURIAL, CREMATION, OR REMOVAL	ryland. kingham minster	,Md.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify eity or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 te)
19. UNDERTAKER 6. M. Mals (Address) Winfield 20. FILED 12-28, 1934	Em 2	. 20.,, 19. 3.4 	Nature of Injury  24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Aud W seed of the season of	жо м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		JAN 5 1839	J age	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		MESCATION CONTRACTOR OF THE PROPERTY OF THE PR		

ADDITIONAL SI	PACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Jo plnoys County Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in ally or town where death occurred Mow long in U.S. if of foreign birth? vrs. mos. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX A COLOR OR RACI 21. DATE OF DEATH SINGLE, MARRIED, WHO OWED, OR DIVORCED (write the word) PERMANENT (Month) (Yeer) 5a. If married, widowed, of divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1934, to 12 ~ 15 - 193 X 12-18- 1930 death is said 田 certificate. 6. DATE OF BIRTH (month, day, and yeer) to have occurred on the date stated above, at \_5.45 p\_m 7. AGE Months If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 8. Trade, profession for particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... Jo back 9. Industry or business In which work was done, as SILK MILL, may should SAW MILL, BANK, etc .... no 10. Date deceased lest worked et this occupation (month and II. Total time (years) spantin this that instructions UNFADING 12. BIRTHPLACE (city or town). (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) should be carefully Whet test confirmed diegnosis? ..... Was there an autopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAME in 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or tow) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOV. Manner of injury mation Neture of Injury LION 24. Was disease or Injury in any way related to occupation of deceased? (Address) If so, specify (Signed) (Address) ... Registrar.

FOR BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
RUDEALLY					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

ST	ATE C	OF I	MARYL	AND-	CERTIF	TICATE	OF	DEAT	Ή

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1	4	23	11

1	County C		1			alosis Sanatorium Registration Dist. No. 74			
	Village or C	ityH	enryton	n, Mary	(1)	No. St., f death occurred in a horpital or institution, give its NAME instead of street and 13 ds. How long in U.S. if of foreign birth?	Ward d number) ds.		
1	(a) Residen				ine Carte		nd State		
	PERSON	AL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
	sex Female	4. COLOR	OR RACE	5. SINGLE, MAR	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH Dec. 4, 1934 (Month) (Osy)			
5a.	If married, widow HUSBANO of (or) WIFE of	ed, or divorc	ed			22. I HEREBY CERTIFY, That lattende 11/21/34 <sub>19</sub> to 12/4/34			
	DATE OF BIRTH		and year) Maj Months	reh 11,  Oays 23	1915  If LESS than 1 day,hrs. ormin.	19/4/34	; death is said		
OCCUPATION	9. Industry or work was SAW MIL	business in v s done, as SII L, BANK, etc ed last works	which LK MILL,	ousewor)	The Geassown in the thing this spation ?	Pulmonary Tuberculosis	July 1934		
_	State or cour	ntry)		rginia		Other Contributory Causes of Importance:			
FATHER	14. BIRTHPLACE (State or	(city or tow country)	n) Churc	chlana inia		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
MOTHER						23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
18.	BURIAL, CREMAT	ION, QR REJ		/>	7 ,1984	Manner of injury			
19.	UNDERTAKER (Address)	alto 39W	Hami	AJSf.		24. Was disease or injury in any way related to occupation of deceased?  If so, specify	110		
20.	FILEO 12/4	/34., 19	Deput	-		(Signed) (Address) (Addres	ou rue		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
	I .				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			]		

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ARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		53)
County Carroll		Registration Dist. No.
Village or City Mr. Westm		NoSt.,Ward
Length of residence in city or town where dea		f death occurred in a hospital or institution, give its NAME instead of street and number)  3. 25. ds. How long in U.S. if of foreign birth?
2. FULL NAME John	Olbert El	,,,,
(a) Residence: No.	- CAU. CVI U - FU	St., Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
male White	or DIVORCED (write the word)	21. DATE OF DEATH /2 - /0 - ,193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Sarah Whler (or) WIFE of	Chew	22. HEREBY CERTIFY, That I attended deceased from
0	110 - 185-0	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 10;40 a.
84 10	2 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Extheliona of 1, seds Date of onesat
SAWYER, BOOKKEEPER, etc.	armer	I had and face - K. Lat 1920
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		of will (R) the face and but
	11. Total time (years) spent in this 3 0	19 had-
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	7	
1 /7 /	P. Louis	
14. BIRTHPLACE (city or town)	2	Name of operation Date of Date of
(State or country)	d.	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Malila	a Crusty	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	<i>Q</i>	Accident, suicide, or homicide? Date of injury, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles 62 (Address)	to hew	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Che 12 311	Manner of injury
Place Delines bem:	Date ACC. 15, 1934	Nature of injury
19. UNDERTAKER Dankard (Address) Lestmins	to ond.	24. Was disease or injury In any way related to occupation of deceased? 200
20. FILED /2/13/19	Megistrar.	(Address) Mistrumalu had M. D.
If more ble	anks are needed, address State Registrar,	241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 7 1975				
Other contributory causes of importance:	9	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FOR FURTHER STATEMENTS BY PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

E.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITH	942	. /
County Carroll	MIN COUPORT	Registration Dist. No.	<u></u>
Village or City Westmins	ter (1)	9 0 No. 52 Church St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward Ward
Length of residence in city or town where deat	, ,	s & ds. How long in U.S. if of foreign birth?mo	
2. FULL NAME Thelvin	Levine Din	bt	
(a) Residence: No. 52 6 £	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 (Year)
5a. If married, widowad, or divorced HUSBAND of Annie R. Du (or) WIFE of	nst	22. I HEREBY CERTIFY. That I attended of the 29 1934 to DEC 30	
6. DATE OF BIRTH (month, day, and year) deep	2. 1888	1 last saw have allva on DEC 29, 1939	. /
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
46  -	2 8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of smart
Z 8 Trade, profassion, or particular	11	arterio Selerais	Date of onset
kind of work done, as SPINNER, Em. SAWYER, BOOKKEEPER, etc	ployed by	angina Pectorio	Dec 29
kind of work done, as SPINNER, CMSAWYER, BOOKKEEPER, etc	, Road Commission	b	1984
10. Date deceased last worked at this occupetion (month end	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) W. uslama (State or country) Marylan	natur	Other Coutributory Causes of importance: Cerebral Humonhage	1929
13. NAME Herman m.	Direct		
13. NAME Herman m.  14. BIRTHPLACE (city or town) New O.	xford	Name of operation Date of	
(State or country) Pen	h.	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME armie m.  16. BIRTHPLACE (city or town) Wester  (State or equality)	Frigell	23. If death was due to axternal causas (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Wesley	undle	Accident, suicide, or homicide?	, 19
(Stete or country) Mary	and	Where did injury occur?(Specify city or town, county and State	e)
17, INFORMANT MRS Connue Px (Address) Westmington	- Ma	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	NCE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Wistminster	Dete Jan 2, 1915	- Nature of injury	
19. UNDERTAKER 74Bankard	* Son	24. Was disease or injury in any way ralated to occupation of deceased?	no
(Address) Westmingto	- md	If so, specify	
20. FILED / 2/3/ 32/4/C	ward	(Signed) Chao R Yout	
20. FILEO	Registrar.	(Address) WEETHING - M	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	700
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
JAN 7 1822	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	1225
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1	. PLACE O	F DEATH		_		97)	
	County	surell				Registration Dist. No	
	Village or C	ity Ly Res	rille				Ward
	Langth of resi	idence in city or town w	hara dasah assura	3		death occurred in a horpital of institution, give its NAME instead of street and number)  2 / ds. How long to U.S. if of foreign birth?	de
		l.	mere death occurr	red	yrsZmos	yrsyrsyrs	us.
2	. FULL NA	ME Illun	Ed	wak	do	11 . w.	
	(a) Residen	ice: No	(Usua	al place of ab	ode)	St., Ward Grandle Mad If nonresident give city or town and State	
(Manager)	PERSON	IAL AND STAT	ISTICAL P	ARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
,	SEX	4. COLOR OR RACE	OR DI		, WIDOWED,	21. DATE OF DEATH  Assured 20 (Month) (Day) (Ye	+
5a.	If married, widow	ved, or divorced		1		(Month) (Day) (Ye	JI)
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY That I attended deceased.  May 24 , 193 , to The Limber 2 9 19	- 1
6.	DATE OF BIRTH	(month, day, and year)	face. o	20 /	844	0 1 10 1	Is sald
7.	AGE Yes	ars Month	ns Da		If LESS than day,hrs.	to have occurred on the date stated above, at 1/12 D. T.m.	
	f		0 2		min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	fonset
N	KING OT	ssion, or particular work done, as SPINNER	. //	un.		Ly A	
4TIC	/	, BOOKKEEPER, etc business in which				Lours Chercoschisa 19	20
UP.	work wa	s done, es SILK MILL, LL, BANK, etc	_				
OCCUPATION	10. Date deceas	ed last worked at pation (month and	11.	Totel time (	years)		
				occupation		Other Coutributory Causes of importance:	
12.	BIRTHPLACE (ci	ity or town)	arhin	glan	County	Other Courbatory Causes of Importance.	
	(State or cou	ntry) NC	wykan	who were			
FATHER	13. NAME	Emery,	red	wal	ds		
AT	14. BIRTHPLACE		luk	un	· -	Neme of operation Date of	
-	(State or	r country) 2	Carul	and	,	What test confirmed diagnosis? Was there an autopsy?.	
MOTHER	15. MAIDEN NA	ME Naum	ali	Xx	neny	23. If death was due to external causes (VIOLENCE) fill in also the following:	
40T	16. BIRTHPLACE		Muh	upa	24 -	Accident, suicide, or homicide? Date of injury, 19	
_	(State or	r country)	very ca	and.		Where did injury occur?(Specify city or town, county and State)	
17.	(Address)	Luke	ale	Cera	hed .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMAT	TION, OR REMOVAL	Med Date	Dec.	32,1934	Manner of Injury	
19.	UNDERTAKER	Lincian	sw I	me.	,	24. Was disease or injury In any way related to occupation of deceased?	
20.	FILED Dec	21,1934	appar	yx	eev Registrar,	(Signed) Maud M. Rees (Address) St. Gelswille Md	_M. D.
-							

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred statement (a) Residence: No. RECORD (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH 4. COLOR OR/RACE OR DAVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months stated 1 day. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. back may 9. Industry or business In which should work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation instructions Other Cantributary Causes of importance 12. BIRTHPLACE (city or town) (State or country) in plain terms, FATHER 13. NAME 14. BIRTHPLACE/(fity or town) (State or country) should be carefully MOTHER 15. MAIOEN NAME important OF DEATH 16. BIRTHPLACE (city of (State or count) Where did injury occur?.... 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR RENOVAL Manner of injury AUSE ation TION 19. UNDERTAKER U (Address) (Address)

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

to have occurred on the date stated abova, at. o and related causes of Importance

Oats of onset

Was there an au'opsy?\_\_\_\_\_\_O

23. If death was dua to external causes (VIOLENCE) fill In also the following:

Accident, suicide, or homicide? ...... Date of injury.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regnesting V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

RESERVED

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAR V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	9	CIL	15	1
- 1	100	-	~ 4	ro
1	hur.	SJ.	ωZ.	17.

1. PLACE OF DEATH		93-6	
County Carrell		Registration Dist. No	0. 79
Village or Cityman My	(deburg)	No	St. Ward
Length of residence in city or town where d		death occurred in a hospital or institution, give its NAME instead	
2. FULL NAME Mrs. an	in the line	1. Oh	3
		04 14-4	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city	or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF I	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (D)	ſ <sup>-</sup> ,193 4
5a. If married, widowed, Adivorced	00	(Month) (Da	ay) (Year)
(or) WITE of amuel	Gilbert	122. I HEREBY CERTIFY Tha	t l attended deceesed from
6. DATE OF BIRTH (month, day, end year)	ul 24, 1856	I lest saw half alive on Dec. 24	, 193 ; deeth is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 30 1. m.	
18 8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of imp	Pate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tousework	Chronic morrand	leo (1934)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this		
Pa	occupation	Other Cantributory Causes of Importance:	
12. BIRTHPEACE (city or town)  (State or country)	ava		
	1 mobert		
E	ma.		-
(State or country)		Neme of operation	
15. MAIOEN NAME A MATCHE	mierly	What test confirmed diagnosis?	
15. MAIOEN NAME COLOTHY  16. BIRTHPLACE (city or town)  (State or country)	KAON N	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of Ir	
(State or country)	The state of the s	Where did Injury occur?	1,017, 17
17. INFORMANT MAS (Address)	olle	(Specify city or town, co Specify whether injury occurred in INDUSTRY, In HOME, or in	unty and State)  PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	The state of the	Menner of Injury	
Place Daust	Date AU 27, 1934	Nature of injury	
19. UNDERTAKER LOS MAS	Moon	24. Was disease or injury in any way related to occupation of d	
(Address)	mi my.	If so, specify	
20. FILED See. 25, 1934 Rogo	Mus S. Dellar Registrar.	(Signed) (Address) Deltar 7	2.D
	Acgistrar.	" (Audiess)	X

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Example I	il	Example II			
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
JAN 7 165	3				
Other contributory causes of importance:	34	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

- 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	93-6
11	County (and ()	Registration Dist. No. 8/
11	Village or City I A I I I I I I I I I I I I I I I I I	J. No. St., Ward death occopined in horpital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Property Jorses	ch
	(a) Residence: No. OMAS (Caual place of abode)	St., Ward.  If nonresident give city or lown and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	S. SINGLE, MARRISD, WIDOWED, OR DIVORCED / write the word)	21. DATE OF DEATH /2 28 193 \( \tag{193} \tag{193}
5	ia. If married, widowed, or divorges	(Month) (Day) (Year)
_	HUSBAND of Hilda Wassler	22. I HEREBY CERTIFY. That I attended deceased from $\frac{12-28}{1938}$ , to $\frac{12-28-1938}{1200}$
e e	5. DATE OF BIRTH (month, day, and year) Tunk 1877	I last saw h com alive on ( drad where pelice); death is said
certificate	AGE Years Months Days If LESS than	to have occurred on the date stated above, at
it	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of co	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc.	Chr. murocardet
. IE	Control South Elicitics	Nov, My caracro
on back	work was done, as SILK MILL, On The farm	
uo ou	10. Date deceased last worked at this occupation (month and year)	
instructions	12. BIRTHPLACE (city or town) Carroll Ca Mid.	Other Contributory Causes of importance:
ruc	(Stata or country)	acula Deletale 116
inst	13. NAME Xamel Varench.	/7
See	14. BIRTHPLACE (city or town) Daltung MA	Name of operation
ω <u>-</u>	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ant.	15. MAIDEN NAME Susan Vogenwood	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
du	(State or country)	Where did injury occur?(Specify city or town, county and State)
ery 1	17. INFORMANT JORGEY VOTENCY (Address) Reyman MIX.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
A SI	8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
	Place Washington Data Dec 30, 1937	Nature of injury
TION	9. UNDERTAKER Dental Toma, (Address) Union While	24. Was disease or injury In any way related to occupation of deceased?
) 2	10. FILED DEC. 29, 1934 & Cichman Secute Registrar.	(Signed) H Zegg M.D.  (Address) SAAAAD A SAAAAAD A SAAAAD A SAAAAAD A SAAAAAAAD A SAAAAAAD A SAAAAAAAA
Pillor		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 7				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

20. FILED

item of infor-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12298		
1	. PLACE OF DEATH	93-0		
	County Carroll	Registration Dist. No.		
	Village or City rear Westminster	No. St. Ward		
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence In city or town where deeth occurred 50 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.		
2	2. FULL NAME Mary Elegabeth Hat	m.		
	(a) Residence: No.	St., Ward.		
-	(Usual place of abode)	If nonresident give city or town and State		
-	PERSONAL AND STATISTICAL PARTICULARS  SEX	MEDICAL CERTIFICATE OF DEATH		
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH /2- 30 - 100 4		
1	emale white widowed	(Month) (Day) (Year)		
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of Jake James Hahn	22. I HEREBY CERTIFY, Thet I attended deceesed from		
	14 - 15/2	Bie 5 2 38		
	DATE OF BIRTH (month, dey, and year) Sept 5 1862  AGE Yeers Months Deys I If LESS then	to heve occurred on the dete steted above, et. 4: 20 m		
"	72 3 25 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance		
-	101	were es follows:		
NO	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	24 1 1 ( 6		
ATI	9. Industry or business in which	Tigurus ( 1		
J.	work was done, as SILK MILL, SAW MILL, BANK, etc			
OCCUPATION	10. Dete deceased last worked et this occupation (month end spent in this			
	year) occupation	Out Could be Counting to the c		
12	BIRTHPLACE (city or town) Sprangfield	Other Contributory Canses of importance:		
	(State or country) Book. 60			
ER	13. NAME John Hilbert			
FATHER	14. BIRTHPLACE (city or town) work to	Neme of operation Date of		
F	(State or country) Penn.	What test confirmed diegnosis? Wes there en eutopsy?		
MOTHER	15. MAIDEN NAME Wilmera Smith	23. If death was due to external causes (VIOLENCE) fill In elso the following:		
E	16. BIRTHPLACE (city or town) - Germany	Accident, suicide, or homicide? Dete of injury		
ž	(State or country)	Where did injury octur?		
17.	(Address) westminster and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR REMOVAL	Mannar of lating		
	Plece Leisters st John Date Jan 2 , 1935	Menner of injury		
100	UNDERTAKER 74Bankard 4 500	24. Wes diseese or injury In eny wey releted to occupetion of deceased?		
19.	(Address) Westmanter md	If someoffy		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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ar-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12299
infor- state UPA-	1. PLACE OF DEATH	940
Every item of i ICIANS should tement of OCCU	County Carrell	Registration Dist. No. 17
nou	Village or City Hambritead	
sl of	(If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where deeth occurredyrsmos	
Eve XIA	2. FULL NAME Charles Haum	cache.
RD. Every YSICIANS statement	(a) Residence: No. dames and Main sta	EUSE. Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH: PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A . A	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH
L L L	116 Divorced	(Month) (Dev) (Yeer)
NEN C T I	5a. If married, widowad, or divorced HUSBAND of	
A C Z	(or) WIEE of Lead L. Haruncaher	22.   HEREBY CERTIFY, Thet I attended dacaasad fr
SIN ERN ELN e.	6. DATE OF BIRTH (month, day, and year) aug 30-1875-	I lest saw has alive on 19 death is se
PH H	7. AGE Years Months Days If LESS than	to heva occurred on the date stated abova, at 9 Pm.
FOR B. IS A PE stated E properly certificate	59 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca
F. St. St. St. St. St. St. St. St. St. St	8 Trade profession or particular	wara as follows: Date of one
of be	kind of work done, as SPINNER, Mercheut.	146
K-TH ould may back	9. Industry or business In which work was dona, as SILK Mitt,	
	SAW MILL, BANK, atc.	
S IN	this occupation (month and	
RES VG I AGE that ons	year) occupation	Othar Contributory Causes of Importance:
So Ctic	12. BIRTHPLACE (city or town)	
ARGIN KI NFADING oplied. AGI erms, so tha	(Stata or country)	
	13. NAME Fraderick Jeumacher	
y sul	13. NAME Aradenes Jeumacher 14. BIRTHPLACE (city or town)	Name of operation Date of
F 5 5	(State of Country)	What test confirmad diagnosis? Was there an autopsy?
INLY, WITT be carefully EATH in pla	15. MAIDEN NAME Mary Krauz	23. If daath was dua to external causes (VIOLENCE) fill in elso the following:
But 175	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
NE pe	(Stata or country)	Whara did injury occur? (Specify city or town, county and State)
PLAINLY ould be ex F DEATH ery impor	17. INFORMANT My Helen a Hogan	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
S PLAINLY, should be can OF DEATH very import	(Addrass) Kock Itall Md.	
E WEN W	18. BURIAL, BREMATION, OR REMOVAL  Manusley Charles Deta Dela 9 1034	Mannar of Injury
	Rest Co. Jeta Jeta 199 7	Natura of injury
WRITH MATION CAUS	19. UNDERTAKER Eclivered & Infatops	24. Was diseasa or Injury in any way ralated to occupation of decaasad?
o l	(Addrass) Jacupstead My	If so, specify
	20, FILED Dec. 8 1934 mildred & Highe	(Signad) Din Helse M

(94%)			17	
	Registration	Dist. No	77	
			C+ M/	and
death occurred in a hospital or institution,	give its NAMI	E instead of stre	St.,Wa	aru
ds. How long In U.S. if of for				ds.
caller.				
St., Ward.	10 - 11 -			
MEDICAL CER		give city or to		_
MEDICAL CER	TIFICATE	OF DEA	IH	
21. DATE OF DEATH	0	6	21	,
(N	lonth)	(Dey)	, 193 3 (Yeer)	5
				_
22. I HEREBY C			A 4 .	rom
V	300 Cey	after	De la	
I lest saw h alive on		, _	9; deeth is s	seld
to heva occurrad on the date stated abo				
The PRINCIPAL CAUSE OF DEATH an wara as follows:	d related caus	as of Important		
answer	PEIL	wis	Date of on	aet Agge
			147	34
Othar Contributory Causes of Important	ce:	Sec.		
Name of operation		De	te of	
What test confirmed diagnosis?		Was the	are an autopsy?	
23. If daath was dua to external causes (	VIOLENCE) fil	l in elso the fo	ollowing:	
Accident, suicide, or homicide?		Date of injury_		
Whara did injury occur?				
Specify whether injury occurred in INC	Specify city or	town, county a	and State)	
opening whether injury occurred in the	7031K1, #II 110	ME, UI III FUD	LIC PLACE.	
Managed International Control of the				
Mannar of Injury				
Natura of injury				
24. Was diseasa or Injury in any way ra	latad to occupa	tion of decaas	ad?	
If so, specify	A.			
(Signad)	1 page	se	ММ	, D.
(Addrass)	up	ten	I had	
2411 N. Charles Street, Baltimore, Requests				-

If more blank are needed, addits State Registrat,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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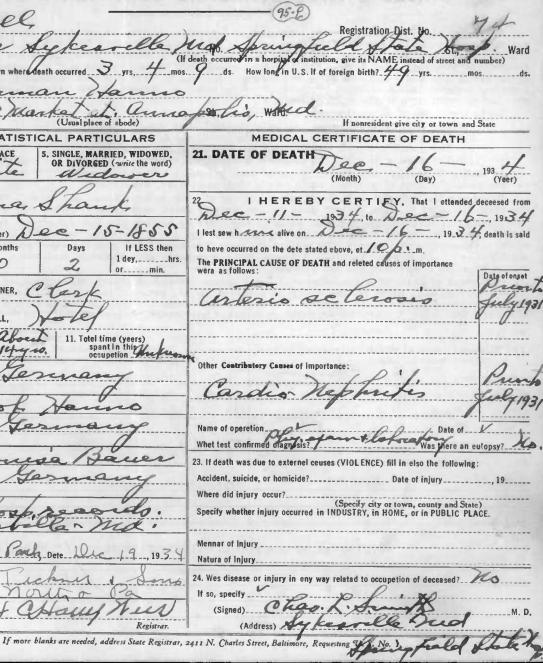
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	Ziidii pico.
The principal death and related causes of importance follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
· Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial new is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The DE CA			

1 3					
ga lità	f. I to		0		
ou journer	information	concession	marila.	status	
nee lette	111.1 1000	1400000	11 /		
- Maria	7700	The party	4-6-22		
	0	//			

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH



(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

12301

1. PLACE OF DEATH	94-00
County Carrolf	Registration Dist. No.
Village or City Suy desbury	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME laleb W. Harri	0
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or throused HUSBAND of (or) WHFE of Sarah Human	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) July 10-1868	I last saw hair alive on 2 10 to the 1984; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at6
8. Trede, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	ancina Pectoris + 4000
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	3.4
10. Date deceased last worked et this occupation (month and use \$1.34 11. Total time (years) spent in this occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary land	
13. NAME Calch Harris	
13. NAME Saleh Harris  14. BIRTHPLACE (city or town)  (State or country)  Many Land	Name of operation
15. MAIDEN NAME WILLIAM	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME William  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Melvin Hayris (Address) Miller Mid	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placed recurrence Monte Dep 13, 1934	Manner of injury
19. UNDERTAKER Edward Tifoton (Address) Hampstend This	24. Wes disease or Injury in any way related to occupation of deceased? PO
20. FILEO Dec. 11, 1934 mildel & Haghe (deputy septras.	(Signed) & M. Resh M. D.  (Address) Hamfate & h.
If more blanks are needed, addrest frate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and retain causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S A	1 week ago
Chronic interstitial nephritis	1921	Run over by street car DEC 24 13	1 week ago
Cerebral hemorrhage	July 5,1927	Downtomaton	3 days ago
		Peruonats	
Other contributory causes of importance:	1 244	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	STATE OF MARYLAND-	CERTIFICATE OF DEATH	302
1	. PLACE OF DEATH	92-00	
	County Carrall	Registration Dist. No. 79	
	Village or City Harmly	NoSt.,	Ward
	Length of residence in city or town where death occurred 3 yrs	death occurred in a nospital or institution, give its INAIVIE instead of sireet and in	umber)
١.	W	La commentation of the second	/8·U9·
		MUN	
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 ———————————————————————————————————
5a.	If married, widowed, or diverced HUSBARD of (or) and the or of a release of the r	22. I HEREBY CERTIFY, That I attended	dacaased from
	Bug ( 1950)	1 last saw h. 21 alive on 97 16 9 177 1934	Z, 19,2.7
_	DATE OF BIRTH (month, day, and year)  AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at & Am.	; death is said
	7/ 14 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profassion, or particular	were as follows:	Date of onset
Ó	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Organic Vatorias Heart	J-16 911
PA	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1 Sissue -	1934
CCUPATION	SAW MILL, BANK, etc		7
ŏ	this occupation (month and spant in this year)		
	n/ 0	Other Contributory Causes of importance:	Our ga
12.	BIRTHPLACE (city or town) (State or country)	Carthic gammar	1924
ER	13. NAME Tharlost Tave		1227
FATHER	14. BIRTHPLACE (city or town)	Name of oparation Date of	
	(Stata or count(y) /) • () /	What test confirmed diagnosis? Was there an a	
HER	15. MAIDEN NAME Oliza Slabango	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTH	16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury	
Σ	(State or country)	Where did injury occur?	
17.	INFORMANT/KISO PRENICE Atterany	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL CREMATION, OR REMOVAL		
0	New Union M. Date Dec. 17,1934	Manner of injury	
	8002	Natura of injury	1.17
19.	UNDERTAKER (Addrass)	24. Was disease or Injury in any way related to occupation of deceased?	<i>nu</i>
	Dear My 311 MIL. B. With	(Signad) Benner	MIN
20.	FILED OF 1997 MOTEURO	(Addrass) Panla III A	M. J.
1	V N-Instruction	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	a a comme

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	I.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
BUSHALI V. S.	ž		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Caro Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.,SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH (Month) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, ....hrs. 0 or .... min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yaars) this occupation (month and spant in this occupation ... 12. BIRTHPLACE (city or town (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diagnosis?. Was thara an autopsy?\_\_\_\_\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) Manner of injury Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKE If so, specify (Signed) (Address) ... gistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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mation

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury 24. Was disease or injury

If so, specify

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AECEINE	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. -WRITH PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1 N. B.

Country Lange or City Natural State of Country State of City Natural State of State of Country State of City Natural State of State of Country State of City Natural State of State of Country St	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Sampleton (If death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence is sity or towy where death occurred II. yrs	9 2 00	940
Length of residence in sity or townwhere death occurred N yrs.  (It death occurred in a horpital or institution, give in NAME instead of street and number)  (a) Residence No.  (b) Mestidence No.  (Clustalplaced shoots)  (Menth)  (Month)  (Day)  (Month)  (Clustalplaced shoots)  (Month)  (Month)  (Clustalplaced shoots)  (Month)  (Mon	SI T	
2. FULL NAME  (a) Residence No.  (b) Minorital give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGER MARRIED, WIDOWED  OR DIVONCED Conic the howard)  5. If married, widered, withtroad  (ca) Later of BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day,, hr.,  1. S. Mindstry or business in which  work was done as SIK MILL,  SAW MILL, BANK, etc.  10. Dete deceased last worked of years)  West or country)  Many Court of the date stated above, at 2 Pg. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance  were as Idolows.  2. BIRTHPLACE (city or town)  Many Court of the date stated above, at 2 Pg. m.  (Sate or country)  Many Court of the date stated above, at 2 Pg. m.  Was the remarked of years)  Was the remarked of years of the profession, or particular the profession of particular the particular than the partic	Times of Oily	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence Nov.  (Champhet book)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, ON DIVERCED (curic blanger)  Sa. If married, videnced, or circurate decay of the color of the co	Length of residence in city or town where death occurred	sds. How long in U. S. if of foreign birth?yrsmosds
(Usual place of in bodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARKED, WIDOWED, ORD DIVERGE (write through)  Sa. If married, widoward, or dividred HUSBAND or divided or dividred HUSBAND or dividred HUSBAND or dividred HUSBAND or dividred HUSBAND or divided deceased in the sex of the	2. FULL NAME John Wesley Ke	Chaugh.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARKIED, WIDDWED, DR. Dy Lynches (wire the hymrol)  5. If married, widdened, or distributed (12) House of the profession of particular (13) House of the profession of particular (14) HESS than 1 day, hrs. or min.  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7.	(a) Residence, No. (Inside)	St., Ward.
3. SEX  4. COLOR OR RACE  OR DIVORCED (write thinged)  OR DIVORCED (write thinged)  OR DIVORCED (write thinged)  For Divorced (write thinged)  OR DIVORCED (write		
ar Divorced (which be hard)  1. In strict wedgened, or divorced (Month)  1. In strict wedgened, or divorced (M		
5.5. If married, between, or attrurted (CD) WHEEL CONTROL CONT	in to a think of things, might the many	21. DATE OF DEATH
HUSBAND of (ap. Here)  S. DATE OF BIRTH (month, day, and year)  S. DATE OF BIRTH (month, day, and year)  Months  Days  If LESS than 18 1 day, hrs. or min.  Months  Days  If LESS than 18 1 day, hrs. or min.  Rind of work done, as SPINNER, sawner, sayner, sayner, dot work done, as SPINNER, sawner, sayner, because of importance were as follows:  S. Industry or business in which work was done, as SILK MILL, Durn fame (years)  Date deceased last worked ellowing the society of the societ		(Month) (Day) (Year)
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1 lest saw h is a slive on the content of the country of the count	(at Miles Luna Muney Melbaugh	
10. AGE Years Months Days ITLESS than Iday hrs. or min.  10. Note profession, or particular kind of work done, as SPINNER, Facturer SAWYER, BODKKEPER, etc.  10. Industry or business in which work was done, as SILK MILL, SAWILL, BAKK, etc.  11. Total time (years) spent in this book occupation months and public profession which work was done, as SILK MILL, SAWILL, BAKK, etc.  12. BIRTHPLACE (city or town).  13. NAME Was to country)  14. BIRTHPLACE (city or town).  15. MAIDEN NAME Rachel & Rought.  16. BIRTHPLACE (city or town).  17. INFORMANT A Rechards and State of Country)  18. BURIAL, CREMATION on REMOVAL.  19. UNDERTAKER CALL & SAMILL AND SALL AND SA	S DATE OF RIPTH (month day and year) NAN 4-1848	
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Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Nature of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Authority  (Address)  19. UNDERTAKER  (Address)		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, ON REDIOVAL  Place County at good Manner of Injury  Nature of Injury  19. UNDERTAKER Calculation  (Address)  19. UN	15. MAIDEN NAME O CUELLES Coyston	
(Address)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, ON REMOVAL Place Countrate and Manage Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED Date  24. Was diseese or injury In any way releted to occupetion of deceased?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of Injury Nature of Injury  24. Was diseese or injury In any way releted to occupetion of deceased?  (Signed)  Meaner of Injury  25. Full Date  (Signed)	16. BIRTHPLACE (city or town) Wareful for the state of th	
(Address) Hamfistered Well  18. BURIAL CREMATION, ON REMOVAL  Place Further Land Med Date 1974, 1934.  19. UNDERTAKER Column Standard Med 1984 (Address)  19. UNDERTAKER (Address)  20. FILED Dec. 24, 1934 Muldiged S. Herfier  (Signed)  Manner of Injury  Nature of Injury  19. Was disease or injury In any way releted to occupation of deceased? No occupation of deceased? No occupation of deceased? Med 19. September 19. Signed)	(Siere of County)	(Specify city or town, county and State)
18. BURIAL, CREMATION, ON REMOVAL Place of Curification Date  19. UNDERTAKER Color (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  20. FILED Dec. 24, 1934  21. Was disease or injury In any way releted to occupation of deceased?  22. Was disease or injury In any way releted to occupation of deceased?  24. Was disease or injury In any way releted to occupation of deceased?  25. Filed Dec. 24, 1934  26. Signed)		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place description Date 124, 1934. Nature of Injury.  19. UNDERTAKER Edel Italian (Address) Sample State of May 15 on Specify (Signed) May 16 on Management of	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER & See State of the See of the	Place toufrateerd My Date 124, 1834	
20. FILED Dec. 24, 1934 mildred S. Heefre (Signed) Dhe Real		24. Was disease or injury In any way releted to occupation of deceased?
(Address)	20. FILED Dec. 24, 1934 mildred S. Heefre	(Signed) Du Real M. I
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	depuly exister.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ano Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTEARD	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-c)
County Carroll.	Registration Dist. No. 74
Village or CitySpringfield State Hospita	1, No. Sykesville, Md. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME CATHERINE KELINER.	
(a) Residence: No. 2044 E. Federal St., Ba. (Usual place of abode)	ltistore, Ward. Maryland. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female. 4. COLOR DR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH  December 18, (Day) 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolf Kellner.	22. I HEREBY CERTIFY, That I attended deceased from
	August 16, 1934 to December 18, 1934.
6. DATE OF BIRTH (month, day, and year) December 6, 1858.  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, a 10.05p m.
76. O. 14. Iday,hrs	
8. Trade, profession, or particular	were as follows: General Arteriosclerosis.  Date of oncet
O Nade, profession, or particular school sch	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Chronic myocorditis. Duration: not stated.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
10 DIDTUDI ACC (classical)	Other Contributory Causes of Importance: Pulmonary Oedema from 12/16.34.
12. BIRTHPLACE (city or town)	Cardiac decompensation.
	- varage accompanion or one
Hand It is a second sec	Name of operation
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaretta Wiescher.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) Germany	Where did injury occur?
17. INFORMAN Springfield State Hosp. Record	(Specify city or town county and State)
(Address) Sykesville, Md.  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 13 alto md Date 12 - 21 , 19 34	Nature of injury
19. UNDERTAKER CLUTTER L. Puth In	24. Was disease or injury in any way related to occupation of deceased? No.
(Address) 17 As Anlord ave	If so, specify
20, FILED DEW 19 1934 PSYRY WILL	(Signed) John L. Wethered M. D.
Registrar.	(Address) Sykesville. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	$\mathbf{BY}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12307
1. PLACE OF DEATH	(3)
County Carroll THIA CONTRACT	Registration Dist. No.
Village or City Westminster	No. 162 Perm are St, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Chester Franklin	Merchner
(a) Residence: No. 1 62 Pesm ave (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word) Married  Married	21. DATE OF DEATH ( (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caisey Rerchner	22. 1 HEREBY CERTIFY. That I attended deceased from 22. 1927 to 25 75, 1937
6. DATE OF BIRTH (month, day, and year) May 29 - 1874	I last saw h alive on 19 ; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
60 6 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Astired School teacher SAWYER, BOOKKEEPER, etc. A stired School teacher	Charles delensed
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and second in this o	Rephirtis Lune
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) york to (State or country) Penn -	Othe Corribatory Canses of Importance: Securary June 3
13. NAME amos Herehner	132
13. NAME Comps Sterehner  14. BIRTHPLACE (city or town) york & co (State or country) Rem -	Name of operation Date of Was there an au'opsy? The
15. MAIOEN NAME Lamanda staumbaugh	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) york to (State or country)	Accident, suicide, or homicide? Date of injury19
17. INFORMANT Mrs daisey of ereliner (Address) Westminister md	Specify whether injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
· Place Linehoro Date dles 12 , 1924	Nature of Injury
19. UNDERTAKER HBankard + 5 on (Addiess) Westminster md	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED 2/10, 198 PULL CONSTRAINT REGISTRAY	(Signed) M. D.  (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related cau of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BURBALL V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important. V. S. No. 1

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STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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:	1. PLACE OF			ryland	T <del>uberoule</del>	osis Sanat orium, (23)	
	County_C	arrol	1	C	olored Br	ench Registration Dist. No. 74	
	Village or Ci	ity Her	ryton,	Maryla	nd.	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	Langth of reci-	dance in city	u or town where	leath occurred	) vrs 1 mos		number)
					yi5,iii05	yi5yi5yi5	J\$u\$.
	2. FULL NAM				C+ Dol	140 314	
	(a) Residence	ce: No	T410 M	(Usual place		tose.,, Md • Ward.  If nonresident give city or town and	State
	PERSON	AL AND	DSTATIST	CAL PARTI		MEDICAL CERTIFICATE OF DEATH	State
3.	SEX		OR RACE	S. SINGLE, MAR	RIED. WIDOWED.	21. DATE OF DEATH	
Tr	emale	COL	Lored	OR DIVORCE Divorc	D (write the word)	Dec., 28, 1934 (Month) (Day)	, 193
	. If married, widowe HUSBAND of			DIVOLU	o u	(Month) (Day)	(Year)
_	(or) WIFE of	V	Valton	Lee		22. I HEREBY CERTIFY, That I attended Nov., 21, 1934, to Dec., 28,	deceased from
6.	DATE OF BIRTH (	month, day,	and year) Au	g., 3,	1902	Hast saw her alive on Dec., 28, 1934	; death is said
7.	AGE Yeer	rs	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6 . 20 P. M.	
_	3	32	4	25	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date clanset
N	8. Trade, proles	ork done, a	S SPINNER. D	omestic		Pulmonary Tuberculosis	Date 1 1 1 1 1 1 1 1 1
OCCUPATION	SATTIEN,	DOOKKEL	Ln, 616	Oncoboro			1934
UP/	Mork was	done, as SI L, BANK, et	ILK MILL,		-		
ပ္ပ	10 Date decease	d last work	sed at		ime (years)		
	year) -	nikhov	V And	Unkfi	Day Tris		
12	. BIRTHPLACE (city	y or town)_	Key We	st,		Other Contributory Causes of Importance:	
2	13. NAME W		Let minimum				
FATHER							
FA	14. BIRTHPLACE (State or	(city or tov	vn) Un	known		Name of operation Date of Was there an a	71-
2	15. MAIDEN NAM		Sanhra	nia Law	Tongo		
MOTHER			-		rence	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?	
M	16. BIRTHPLACE (State or	(city or tow	vn)AQ_y_ Fi	lorida		Where did injury occur?	, 19
	INFORMANT J					(Specify city or town, county and State	e)
17	(Address)	H	enryton	. Maryl	and .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18	BURIAL, CREMATI	ION, OR RE	MOVAL			Manner of injury	
	Plece But	Parico	lo thou	Coate & Dec	29 ,1934	Nature of Injury	
	. UNDERTAKER 2	·	8. 11	llo.		24. Wes disease or injury In any way related to occupation of deceased?	110
19	(Address)	303	Prestine	vit.		If so, specify	1
	FILED 12/2			1 5/	971.	(Signed) Thuy Q Che	CO M.D.
20	. FILED		Depu	ty Loca		(Address) Henryton, Meryland	7
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ELIPEAU V	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A TARACTER CARACTAR	CITO A CITY	TOD	TATE TO COURT TAKE	CYCEN A CENTRAL TRANSPORT	Th 37	TREESPOSE A BE
ADDITIONAL	SPALE	PUR.	RUKCHEK	STATEMENTS	KY	PHYSICIAN

certificate.

Jo back may

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See instructions

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OCCUPA-

Jo

	STATE	OF	MARY	LAND-	-CERTI	FICATE	OF	DEATH	-
1.	PLACE OF DEATH	1/0 m	Sand m				(23)		

LACE OF DEATH	Maryland Tubero	mlasts va	net on tum (23)		
County Carroll	Colored	Branch	Registration	Dist. No. 74	
Village or City Henryt	on, Maryland.	No		St., War	rd
Length of residence in city or town v	where death occurred O yrs	(If death occurred in mos. 25 ds.	n a horpital or institution, give its NAMI How long in U.S. If of foreign birth?	E instead of street and number)	ls.

William Alfred Levi

1551 Woodvear Street

(a) Resid	ence: No. = 00 = 1	(Usual place		If nonresident give city or town and S	lale
PERSO	NAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male	Colorea		RIED, WIDOWED, (D (write the word)	21. DATE OF DEATHDEC, 4, 1934.	193
5a. If married, wid HUSBAND of (or) WIFE of		••••		22.   HEREBY CERTIFY, That I attended do 1/10/34	
6. DATE OF BIRTI	H (month, day, and year)	Jan., 20,	1894	llast sawh im alive on Dec., 4, 1934.	death is sai
	Years         Months           40         10		If LESS than  1 day,hrs.  ormin.	to have occurred on the data stated above, at 7.00 mA.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Cate of onse
kind o SAWYI	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc or business in which was done, as SILK MILL,	Clothes F	resser	Fullmonary ruberculosis	Apr 1933
O 10. Data dece	MILL, BANK, etc		time (years) ent in this		
12. BIRTHPLACE (State or co	(CILY OF LOWIL)	timore,		Other Contributory Causes of Importance:	
III. NAME A	braham Lev	i,			
4 14. BIRTHPLA	CE (city or town)??	?? Unher	nauv 1	Name of operation Date of What test confirmed diagnosis? Was there an au	topsy? W
15. MAIDEN	NAME Millie	Green,		23 If death was due to external causes (VIOI FNCF) fill in also the following:	

MOTH 16. BIRTHPLACE (city or town). 11 Jucacon (Stata or country)

O'Neill. M. D. Henryton, Maryland. (Address)

CREMATION OR REMOVAL

19. UNDERTAKER

20. FILED. 12/4/34, 19

Local Registrar. 24. Was disease or injury In any way related to occupation of deceased If so, specify

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Signed).

Accident, suicide, or homicide?.

Where did Injury occur?...

Manner of injury

(Address) stau. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Specify city or town, county and State)

V. S. No. 1

M

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance		Other centributeur causes of importance	
Gallstones Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

	F MARYLAND-	CERTIFICATE OF DEATH 123	10
1. PLACE OF DEATH County Carrall		Registration Dist. No. 70	
Village or City Mafile  Length of rasidence in city or town where of the company	Geeth occurred 4 yrs most	No. St., f death occurred in a horpital or institution, give its NAME instead of street and num s. ds. How long in U.S. if of foreign birth? yrs. mos.	
(a) Residence: No	(Usual place of abode)	St., Ward.  If nonresident give city or town and St.	ate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White 5a. If married, widowad, or diversed	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	93. <del>-/-</del> (Yaar)
HUSBAND of (er) WIFE of	wn	22. I HEREBY CERTIFY, Thet I attended dec	eased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	none	lessebral Hemmonlags	ate of onset
year)	11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	tuown		
13. NAME Mukuo	wu		
13. NAME UNKLO  14. BIRTHPLACE (city or town) (State or country)	Known	Name of operation Date of Was there are auto	nev? MA
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Kuoun	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT GLOVES (Address) Malie	Calf. Ind	(Specify city nr town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OF REMOVAL Place 3 ac / Cayporich	e Had 12/29,1934	Manner of injury	
19. UNDERTAKER Colle College (Address) Hampa	thead rul	24. Was disease or injury in any way related to occupation of deceased?	79
20. FILED DEC. 27 , 19.34 75 9.5	Do. of S. Denner Registrar.	(Signed) & M Hagh (Address) Hompstead had	М. О
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago.
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		JAN 9 10-5-0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAUN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, addfess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of oneat

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the dcceased followed the occupation.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	5
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 3 1969			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82:0
County O avoid	Registration Dist. No. 7/
Village or City Unantown	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME TOLOMON MULLS	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
In widowir	(Month) (Day) (Year)
5a. If married, widowed or divurced HUSBAND of (or) WITE of A	22// , I HEREBY CERTIFY, That ! attended deceased from
a factor of the	Nept. 19 , 184 , to Dec. 28 , 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on Lee 28 , 19 of; deeth is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.
86 0   ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BOOKKEPER, etc.	allino felliones
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	19-19-34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
- 1 2 spent ill this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Cerebour Nemorotoge 12-28-4
E CONTRACTOR OF THE CONTRACTOR	
4 14. BIRTHPLACE (city or lown) (State or country)	Name of operation
E 15. MAIDEN NAME WAS A WYWWALLS	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city of town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country	Where did injury occur?
17. INFORMANT TWO TO NOVILLA J. SIMPSON	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Minulaum 9740;	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Br. United M. Date C. B. 1924	Nature of injury
19. UNDERTAKER Q TUDAT SOM	24. Wes disease or injury in any wey related to occupation of deceased? No
(Address) Somulation The	If so, specify
20. FILED Dec 3/ , 1934 Magast 1. Cinglant Registrar.	(Signed) M. D.  (Address) New Windy This
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	· · · · · · · · · · · · · · · · · ·	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1635 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

-8	EX	3	42	-	
2	1	-3	7	L	
L	-	U	1	27	

1. PLACE OF DEATH		
County Carroll		Registration Dist. No. 26
Village or City Donall OV  Length of residence in city or town where	(II	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. 2.1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John	Frederick nin	ner.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH December 29 , 193 9 (Year)
5a. If married, widowed, or divorced HUSBANO of Hellena Mix	ur	122. 1 HEREBY CERTIFY, That I attended deceased from 12-25 1934, to 12-29 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7. AGE Years Months 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	S	I last saw h_1
SAW MILL, BANK, etc	11. Total tima (years) spent in this occupation	Other Contributory Causes of importance:
(Stata or country) Mary		Orlinia
13. NAME Churles 7 14. BIRTHPLACE (city or town). Cert (State or country)	riner many	Name of operation Oata of What test confirmed diagnosis? Lyunflame Was there an autopsy?
15. MAIOEN NAME Frederick  16. BIRTHPLACE (city or town) German (State or country)  17. INFORMANT M. Hellensia (Address) Am all Word	hiner .	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place duther Church or	rull words  null words  null words  1935	Manner of injury
19. UNOERTAKER HBanksar (Address) westgement 20. FILEO 13/31, 1847	d + San md Ullow Dengistrar	24. Was disease or injury In any way related to occupation of deceased? No. Soo, specify Light Louis M.D. (Address UDsalumstr, Mul.)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 7 How I			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be

N. B.—WRITE PLAINLY,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

be

of OCCUPA-

Exact statement

## STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF	F DEATH		i MAN		CERTIFICATE OF BEATH			
County Carroll						Registration Dist. No. 76			
					FD#8. (II 20 yrs. mos	NoSt.,stable of the street and s	number)		
	2. FULL NAI	ME_Ric	bard B.	Owings					
	PERSON	AL AND	STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Diato		
1	sex nale	4. COLOR O			RRIED, WIDOWED, D (write the word) O d	21. DATE OF DEATH  Dec.  (Month)  (Day)	, 1934 (Yaar)		
5a	. If married, widows HUSBAND of (or) WIFE of		ie E. C	wings		22. I HEREBY CERTIFY. Thet lattended deceased from Oct. 26 19 34, to Dec. 4 19 34			
6.	DATE OF BIRTH (	month, day, en	d year) 186	66 - 10 -	5	I last saw him aliva on Dec 4 154			
7.	AGE Year	s	Months  1	0ays	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at. 5.30A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
OCCUPATION	8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Farmer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					Acute myocardial dilitation	Oate of onset 3 hrs.		
סככו	10. Date dacassed last worked at this occupation (month and year)			11. Total t	ime (yeers) nt in this upation				
12. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland.						Other Contributory Causes of Importance: arterio sclerosis cardio vascular renal disease Hypertension	12 yr		
FATHER	(State of Country) Mary Land.					Name of operation			
15. MAIOEN NAME Annie R. Summers 16. BIRTHPLACE (city or town) . Carroll . Co. (State or country) . Md.						23. If death was due to axternal causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide?	:, 19		
17.	17. INFORMANT Mrs. Annie E. Owings (Address) Westminster, Md. RFD					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Family Burial Ground Dec. 6 ,1934						Manner of injury			
19	19. UNDERTAKER C. M. Waltz (Addrass) Winfield, Md.					24. Was disaese or injury in eny way related to occupation of deceased? If so, specify			
20.	FILEO 12/5	, 19	34 L.	K. Wood	ward	(Signad) Noull A Warts)	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 12317
1. PLACE OF DEATH	920
County Carroll	Registration Dist. No.
Village or City Heat Eldus bury	NoSt., Ward
Length of residence in city or town where death occurred 30_yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. iI oI lorelgn birth?yrsmosds.
11-D. B.	
2. FULL NAME Statement Cutton	
(a) Residence: No. May (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR ON OR OF OR OT	Dec. 12, 193, 4
5a. II married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Paul N. Ruch	22. I HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 6 1847	I last saw h w alive on Due - // 1934; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 7-20 fm.
87 10 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral arleno-selector a 5000
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	540
SAW MILL, BANK, etc	
year) occupation	Other Coatributary Causes of Importance:
12. BIRTHPLACE (city or town)	One Continuency Causes of Importance.
(State or country)	The Endocarditio:
13. NAME John Stelling	and Question not stated.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Suralga Hoffinan	23. II death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT System. A. Ruch (Address) Surreville, Mar.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAN, CREMATION, OR REMOVAL	Manner of injury
Flateldone Cemelugate Dec. 15, 1934	Nature of injury
New Boy, In	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)  (Address)  (Address)  (Address)	Il so, specily
San 13 21 BAlance House	(Signed) MN/Orrs M.D.
20. FILED Registrar.	(Address) Eldersturg.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(34)	,
County Carroll		Registration Dist. No.	4
Village or City Dykesville		No Chrinsfield State Hospital St	Ward
	(I	death occurred in a Roppital or institution, give its NAME instead of street and n	number)
1 ,01100	) .	15 ds. How long in U.S. if of foreign birth? 3.8 yrs. Nuck ma	is. Muss. ds.
2. FULL NAME Joseph Hyla R	ushloh	St. Ward Baltimore Ind	
(a) Residence. No. Westwoon (Usual place of	abode)	St., Ward. Salumore. Na  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED Single	(write the word)	21. DATE OF DEATH Security 20 th (Month) (Day)	, 193 // (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attended of	deceased from
11.7	044	July 26 2 19/5, to December 35 4 1934	, 19.5.4.
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 11.15 Am.	; death is said
60 linknown leukuron	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,			Date of onset
SAWYER, BOOKKEEPER, etc.	·····	Caroliae Decompensation	Septe
9. Industry or business In which work was done, as SILK MILL, Books SAW MILL, BANK, etc.		,	1434
10. Date deceased last worked at 11. Total tim	ie (years) in this ation is know		
12. BIRTHPLACE (city or town) Bristol		Other Contributory Causes of Importance:	
(State or country) England		secretar angunas.	and
13. NAME Joseph Thomas Rushton		siscending anta	20
13. NAME Joseph Thomas Rushton 14. BIRTHPLACE (city or town) Bromyard	<b>A</b>	Name of operation	
(State of country)	rugland	What test confirmed diagnosis? Was there an a	ulopsy? yes
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown  (State or country)		23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Lupuroum (State or country) Lupuroum		Accident, suicide, or homicide?	
(State of County)	Promote 1	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT Johnsfield state Hospital /	uarras)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	IUE.
18. BURIAL, CREMATION, OR REMOVAL	. 4	Manner of injury	
preside aful si van. Date fau	19530	Nature of Injury	
19. UNDERTAKER Meet the In	v.	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Systemille Mid		If so, specify Tohn h Money	
20. FILED Dec , 31 1934 affany N.	eu,	(Signed) LOMN (Monis (Address) (S.S.H.) Ryklorelly Mil-	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance?  No.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. 7	V. S. No. 1	MARGIN RESERVED FOR BINDING	N RESERV	ED	FOR B	INDING			0	
N. B	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ITH UNFAD	ING INK-	LHIS	IS A PE	RMANENT	RECORD. I	Every it	em of i	nfor-
(	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lly supplied.	AGE should	d be	stated E	XACTLY	PHYSIC .	IANS	plnods	state
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	plain terms, s	o that it ma	y be	properly	classified.	Exact state	ment o	f OCCI	UPA-
	TION is were important See instructions on healt of certificate	Soo inctruc	tions on has	L. of	cortificato			1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)(2)
County Carrall	Registration Dist. No.
Village or Cityulas Dantylour	No. St., Ward
// //	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME & wither Sents	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, withoused, or divorced HUSBAND of	22 - I HEREBY CERTIFY. That I attended deceased from
(as) HITE or Myrtle Koone sents	2000 1039 to MC 13 1934
6. DATE OF BIRTH (month, day, and year) Jan 9, 1889	Viest sew h A granive on
7. AGE Years Months Days If ESS than I dayhrs.	to have occurred on the data stated above, atm.
45 11 4 1 1 ormin.	The PRINCIPAL CAUSE OF DEATH appreciated cause of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	angra promoz.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK-MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and	V
work was done, as SILK-MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	-
13. NAME  14. BIRTHPLACE (city-ex-town)	
14. BIRTHFLACE (city-ex-town) (State of country)	Neme of operation
	What tast confirmed diagnosis?
15. MAIDEN NAME Mana Celfu.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Whera did injury occur?
17. INFORMANT MAS LUTTUR DETAILS (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL DO BOTO DE LA 16, 1934	Mannar of injury
19. UNDERTAKER OF TUSA TOOM	24. Was disease or injury in any way related to occupation of daceasad?220
(Address) Sanlillum mil.	If so, specify
20. FILED SEC: 14., 1934 March Antista Registrer.	(Signed) Address) A ASSA ASSA COLOR
· · · · · · · · · · · · · · · · · · ·	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Breeze v. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B. of OCCUPA-

1. PLACE OF DEA	oli		Colored ]	Branch (23)	Registration Dist. No.	4
Village or City_H			_ Of	1 //	institution, give its NAME instead of street	
Length of residence in			2 yrs 4 mos	ds. How long in U.	S. if of foreign birth?yrs	mosds
2. FULL NAME				0		
(a) Residence: No.	238g N.	(Usual place		alțimore warMa	If nonresident give city or tow	n and State
PERSONAL AI	ND STATISTIC			MEDICA	L CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE Female Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married				21. DATE OF DEA		, 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fermon Simon,			22. I HERE August 12.	EBY CERTIFY, That latte 1932 to Dec., 26	ended deceased fro	
6. DATE OF BIRTH (month, d	ay, and year) Jaj	n., 22	, 1908	I last saw her alive	Dec., 26, 1934	death is sai
7. AGE Years	Months	Days	If LESS Than		e stated above, at 6.30 P.M.	
26	11	4	1 day,hrs.	were as follows:	DEATH and related causes of importance	
8. Trade, profession, or kind of work done SAWYER, BOOKKI	particular e, as SPINNER, HO EPER, etc.	usewife	3	Pulmonary	Tuberculosis	Mar 1932
9. Industry or business work was done, as SAW MILL, BANK	in which SILK MILL, , etc		•	-		
10. Date deceased last worked at this occupation (month end year) UNKNOWN.  11. Total time (years) spant in this UNKNOWN.					•••••	
12. BIRTHPLACE (city or town) Darlington, (State or country) South Carolina			Other Contributory Causes	or importance:		
13. NAME Thom						
13. NAME THOM 14. BIRTHPLACE (city or (State or country)	Georg South	ie, Caroli	na.	Name of operation		e of
15. MAIOEN NAME	Lilli	e Weth	erspoon		nal causes (VIOLENCE) fill in also the fol	
15. MAIOEN NAME 16. BIRTHPLACE (city or (State or country	town) Darli				de? Dete of injury	
Joh	n E. O'N	eill,	M. D.,		(Specify city or town, county at arred in INDUSTRY, In HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR Place as luc	REMOVAL	0ate 77 @		Manner of injury		
19. UNOERTAKER CA	wasy.	Bayo	an		any way related to occupation of decease	ed?/
20. FILEO 12/26/3	40 /1/1	w 6 il	Mill.	(Signed)	Man (aC) Menryton, Mary	Mass M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
'"	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE O		CERTIFICATE OF DEATH 12321
1. PLACE OF DEATH	WITHIN CORESPETS LIMITS	(90)
County Carrall	STIMITS	Registration Dist. No.
Village or City Wester	unster	NoSt.,Ward
Length of residence In city or town where d		f death occurred in a norpital or institution, give its NAME instead of street and number)
20'	leath occurred & 4 yrsmo	) /
2. FULL NAME CELLICE	Rebbus /2	imprim.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fernal B OR DIVORCED (write the word)		december 4 1934
5a. If married, widowed, or divorced	1	(Month) (Day) (Year)
HUSBAND of Henry Rem	pson	22. I HEREBY CERTIFY That I attended deceased from
0		100 11 134 to dec 4 1834
6. DATE OF BIRTH (month, day, and year)	er 4 1826	I last saw h alive on
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/O.30Pm.
		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7 100 8	Chrone /espells ?
SAWYER, BOOKKEEPER, etc		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and spent in this		
year)	occupation	
12. BIRTHPLACE (city or town) Justin	rd	Other Contributory Causes of importance:
(State or country) mangles	md	
13. NAME Charles 14.  14. BIRTHPLACE (city or town) Contact of the	annual	
Z 14. BIRTHPLACE (city or town) Const	enom	Name of operation Date of
(State of country)		What test confirmed diagnosis? - Was there an au'opsy? Va
15. MAIOEN NAME Cushon  16. BIRTHPLACE (city or town) Landa	n	23. If death was due to external causes WIOL ENCE Fill In also the following:
6 16. BIRTHPLACE (city or town) Landa		Accident, suicide, or homicide? Date of injury19
∑ (State or country)		Where did injury occur?
17. INFORMANT ade sim	prov	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) westmi	note mod	
18. BURIAL, CREMATION, OR REMOVAL Place Elsworth	Date Der 9 1934	Manner of injury
Place Control Can	Oate 21 4, 1934	Nature of injury
19. UNDERTAKER HB anhar	rel + Sor	24. Was disease or injury in any way related to occupation of deceased?
(Address) prestmin	gla mala	If so, specify
20. FILEO 2/7 , 1937 FC	Guoselwon	(Signed) W. Menny Splicker M. D
	Registrar.	(Address) Williamster his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronie interstitial nephritis 3 days ago Cerebral hemorrhage July 5.1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 74
	No be the field state Ward Ward (death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?  yrs. mos. ds.
2. FULL NAME Shaushe Suite (a) Residence: No. (Usual place of abode)	St., Ward Littleson Height The
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Makeley  Makeley  1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than  I day,hrs.  Ormin.	1 HEREBY CERTIFY. That I attended deceesed from 1930, to A transfer 14, 1934.  I last saw have elive on A transfer 19, 1934, deeth is seld to have occurred on the dete steted above, et
8. Trede, profession, or particular kind of work done, es SPINNER Laurelle SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and this concept) and the second in this concept and the second in	Leugel Paralysis of Us 192
o this occupation (month and spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  Water Land	Other Centributery Causes of Importence:
II 13. NAME Walfragiel Smill.	
13. NAME Valeaceel Quell,  14. BIRTHPLACE (city or town)	Neme of operation Date of What test confirmed diegnosis? Wes there en europsy?
15. MAIDEN NAME Mary f. oak  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Lakital Reside  (Address)  (Address)	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
NUMBER OF STREET OVAL CHEW Date Det 17, 1934	Manner of Injury
19. UNDERTAKER I HAN HOLD STREET THE STREET	24. Wes disease or injury in eny way related to occupetion of deceased?  If so, specify  (Signed)
20. FILED SUC 4, 100 4 CFF WHY Registrar.	(Address) Sty Reaselle Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	] [	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—V

1. PLACE OF DEATH  County Carroll  Registration Dist. No.  Village or City Dykesville  Length of residence in city or town where death occurred the yrs.  (If death occurred in a hypital or institution, give its NAME instead Length of residence in city or town where death occurred the yrs.  The place of short of the state of the yrs.  PLUL NAME Jrving Gredden  (a) Residence: No.  Prince Jeorge of Manager of State o	o. <u> </u>
2. FULL NAME Irving Spedden  (a) Residence: No. Prince Georges Co. Md Ward. Prince George's  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF E	St Ward
(a) Residence: No. Grand Storger Co. Md SK, Ward. Prince George of Usual place of abode)  Ward. Prince George of Medical Certificate of E	of street and number)
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF I	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  (Month) (De  (Month)	193 + (Year)
58. If married, widowed, or divorced marden name unknown  HUSBAND of (or) WIFE of  22.   I HEREBY CERTIFY. That  July 304 1930, to Accum	
6. DATE OF BIRTH (month, day, end year) September 9th 1882 Test sew h sin_alive on December 20th	
7. AGE Yaars Months Deys II LESS than to have occurred on the date stated abova, at 8.45 P. m.	
52 3 // I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of imp	
8. Trada, profession, or particular kind of work done, as SPINNER, Musician - Cerebral arteriosclerosie um SAWYER, BOOKKEEPER, etc.	ith 1930
S. Industry or business in which work was done, es SILK MILL, ( Prano Player + times) high arterial tension, and -	
SAW MILL, BANK, etc.  10. Date deceased last worked at august spent in this occupation (month end 1924 spent in this occupation occupation)	1930
12. BIRTHPLACE (city or town) Washington Chronic Puphritis	
	1930
14. BIRTHPLACE (city or town). Cambridge Name of operation. None	- Date of
CE SE MAIDEN NAME )	
16. BIRTHPLACE (city or town) Lunguage Accident, suicida, or homicide? Date of ir  (State or country) Virginia Where did injury occur?	njury, 19
17. INFORMANT Wringfield state Hosfutel (Rocards) Specify whether injury occurred in INDUSTRY, in HOME, or in (Address) Sykesoull, Ind.	n PUBLIC PLACE.
18. BURIAL, CREMATION, OR RÉMOVAL  Place 2 24, 19 34  Nature of injury  Nature of injury	
19. UNDERTAKER  (Address) / 400 chapter att 15 so, specify  (Signed) Lohn N. Morris  (Signed) Lohn N. Morris	deceased? No

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  **Arteriosclerosis**  **The principal cause of death and related causes of importance were as follows:  **Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BAIDEAU V. S.	18		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE (	JF	DEATH
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TE OF DEATH	19395
one tondim	14041

1. PLACE OF DEATH	Mary.		erculosis Sanatorium	
County Carroll .		Cold	ored Branch (23) Registration Dist. No. 74	
Village or City Henryton	3	(ii	ND. (above) St,  f death occurred in a horpital or institution, give its NAME instead of street and i	Ward
Length of residence in city or town whe		yrsOmos	s. 13 ds. How long in U.S. if of foraign birth?yrsm	osds,
2. FULL NAME Beatric				*
(a) Residence: No. Lothia	in, Anne (Usual place		CO Sta Ma . Ward.  If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female Colored	5. SINGLE, MAR OR DIVORCEI Sing	RIED, WIDOWED.  (write the word)  10	21. DATE OF DEATH  Dec., 13, 1934  (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. i HEREBY CERTIFY, That lattended Mar., 31, 1933 19 to Dec., 13,	
6. DATE OF BIRTH (month, day, and yeer)	Oct., 26	, 1907	last saw her aliva on Dec., 13, 1934	; deeth Is said
7. AGE Years Months	Days	If LESS/than	to have occurred on the dete steted above, at 1.30 P. M.	
27 1	18	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Domesti	С	Pulmonary Tuberculosis	Date of oneset
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Unknown	ma (years) tin thiUnkno		Feb.
year)T o + 1	nian sper	pation	Other Contributory Causes of Importance:	-
(State or country) Mar	yland.		-	
置 13. NAME Mars	shall Ton	gue		
HE 13. NAME Mar:  14. BIRTHPLACE (city or town) Lot!  (State or country) Mar:	nian Vland		Nama of operation Data of What test confirmed diagnosis? Was there an a	110
当 15. MAIDEN NAME Geo:	rgiana Sp	riggs	23. If death was due to external causes (VIDL ENCE) fill in also the following	
O I Ib KIKIHPI AGE (city or town)	nian yland		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT John E. O'll (Address) Henryton,	Neill, M.	D.	(Specify city or town, county and Stat Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	nd Date Dec	16 ,1934	Mennar of injury	4-3
19. UNDERTAKER J. A. JOI (Address annapa	is med		24. Was disease or injury in any way related to occupation of deceased?	lo-
20. FILED 12/13/34 Dep	uty Loca	Med Registrar.	(Signed) Musi G. College (Address) Taxaaqla	ell M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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WERU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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certificate.

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See instructions on back

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V. S. No. 1

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should state item of infor-

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year) \_\_\_\_\_

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town (State or country)

(Stata or country)

12. BIRTHPLACE (city or town)

15. MAIDEN NAMÉ

(State or country)

OCCUPATION

FATHER

MOTHER

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12326
1. PLACE OF DEATH County Carrall	Registration Dist. No. 70
Length of residence in city or town where death occurredyrs,mos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?rrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND OL (or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded dacassad from  Sept 19 14 1933, to AIC 1934
6. DATE OF BIRTH (month, day, and year) Let 21, 1858	I last saw h. 24 aliva on N.W. 3.0 M 1934; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, protession, or particular kind ot work done, as SPINNER, SAWYER, BDDKKEFER, etc.	Organic Naturaly Heart 8-17-19

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupation (month and 11. Total time (yaars) spent in this occupation ..... Other Contributory Causes of Importance Name of operation. What test confirmed diagnosis?\_\_\_\_\_ Was there an eutopsy?\_\_\_\_ 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide? Whare did injury occur? \_\_\_\_ (Specify city or town, county and Stale)
Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury. 24. Was disease or injury In any way ralated to occupation ot deceasad? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Example I	ia	Example II	ses Date of onset			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
JAN 2 ISST	14					
Other contributory causes of importance: V.	A Comment	Other contributory causes of importance:	***			
Gallstones	May 1,1923	Gastroenteritis	1 year			
			-			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYI	LAND-	CERTIFICATE OF DEATH 123	27
1. PLACE OF DEATH		23)	
County Carrell		Registration Dist. No.	
Village or City Lykewille  Length of residence in city or town where death occurred 19  2. FULL NAME Charles Vomas	yrsQmos	No. Mungful of State Hospital St., death occurred in a hispital or institution, give its NAME instead of street and numb  ds. How long in U.S. If of foreign birth?	Ward er)
(a) Residence: No. Saltumon M (Usualplace of a	abode)	St, Ward Balturione Md.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIE OR DIVORCED (A Single	write the word)	21. DATE OF DEATH Accember 28 th (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended decer July 264 19/5 to Dicember 284	ased from
6. DATE OF BIRTH (month, day, and year) August 227	12/889.	Hest sew hum alive on Dicember 27 4, 1934; de	ath is said
7. AGE Years Months Days	If LESS than 1 dey,hrs. ormin,	to have occurred on the date stated above, at 6.10 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	to of onset,
8. Trede, profession, or particular kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at human 11. Total time this occupation (month and		Pulmonary Vuherculosis m	rionte rarch
this occupation (month and 1912 spent in occupation)  12. BIRTHPLACE (city or town) Buttimone (State or country) md.	ion	Other Coutributory Causes of importance:	
13. NAME anthony Vomastek			
14. BIRTHPLACE (city or town) Lunknown (State or country) Austria		Name of operation. No ne Name of operation.  Name of operation.  No ne  Place of  Place of  Place of  Place of  What test confirmed diagnosis?  What test confirmed diagnosis?	syrtie
15. MAIOEN NAME Crunic Endia  16. BIRTHPLACE (city or town) Luchurum  (State or country) Custria		23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
17. INFORMANT Springfuld stat Hospital (Rece (Address) Bykesville, ma	orde)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL  LONG CASHELLAR CELL. Date	FO , 193 d	Menner of injury	
19. UNDERTAKER Richard F. Curre (Address) 400 % North ave. Bate 20. FILED Dec 28. 1934 Offarry No.	ley to sud-	24. Was disease or injury in eny wey related to occupation of deceased? htt If so, specify (Signed) John A. Morris	
	Registrar.	(Address) S. S. H. J. Syphesvelle. Md. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		BU Example II	3 = 7 5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Atterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L SURFACE V.	S.		
Other contributory causes of importance:	1)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1232
1. PLACE OF DEATH	(31)
County Carroll WITHIN CORD	Registration Dist. No.
Village or City Westminster	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Susan Want	
(a) Residence: No. 92 Penn. Give.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Thee 10 To 103 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22.9 I HEREBY CERTIFY, That attended deceased from
Jacob Wanny	fluss 1954, 10 Dec 7 1954
6. DATE OF BIRTH (month, day, and year) (9 04. > 1861	i last saw h
7. AGE Years Months Days If LESS than I day,	to heve occurred on the date stated above, at
73 2 4 1 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Chebrel / Colles page
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at II. Total time (yeers)	
o this occupation (month end spent In this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) m. 1.	Musour Dughts Rider
13. NAME Jamiel Snider	
13. NAME Samel Snider  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Leister  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) And.	Where did injury occur?
17. INFORMANT Jacob Avants (Address) 92 Rom. an Salminston	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Dete 57.77 ,199	Nature of Injury
19. UNDERTAKER HRankard Jan	24. Was diseese or injury in any way related to occupation of deceased?
(Address) Westminto md.	If so, specify A
20. FILED 12/3, 1934 Lillerson	(Signed) Minof Central M. D.
Registrar.	(Address) - Heliman Maj

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Date of onset		
Date of Oliser	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

-4	(1)	2	070	13
1	4	0	6	3

1. PLACE OF DEATH	92.0
County Coarroll	Registration Dist. No.
Village or City News Maple Grove	ND. St. Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Fli Wasehim	os. 2.00. How long in 0.5, it of foreign pittin:yrsmusus.
	N. A.
(a) Residence: ND. (Dutaile) (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 29 01, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decessed from
alice Warehim	
6. DATE OF BIRTH (month, dey, and year) May 6 - 1847	I last saw h alive on Died Suddensly; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 4 P m.
87 7 1 day,hrs.	the rankel cause of DEATH and leaded causes of importence
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	le Dilatation of 1421/
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at this occupition (manhand)	heart 1
SAW MILL, BANK, etc	Chronice myocardetisa Duration: not
this occupation (month and 1932 spent in this occupation	stated a Cropp
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
" full file of the	
E J WWW.	
(Stete or country)	Name of operationDate of
15. MAIDEN NAME MARAMENTA	What test confirmed diagnosis? Was there an autopsy?
I VIII VIII VIII VIII VIII VIII VIII V	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?
7	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND MALE AND	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Manchester Md Date/2-74, 1934	- Nature of injury
10 HUDGOTANG Jacot Mainlin Sons	24. Was disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER (Address) Manchester and	If so, specify
20 FILED Dec. 23 1934 Orly S. Hughes	(Signed) WRSDenner M.D.
20. FILEDIN C. od 3, 1934 John S- Juguer.	V. (Address) Manchestre md

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance: \ Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE C	OF DEATH
---------------------------------	----------

12330

1. PLACE OF DEATH	(108)
County Carrall	Registration Dist. No.
Village or City Levelle	(If death occurred in a horpital of institution, give its NAME instead of street and number)  mos. 2 ds. How long in U.S. if of foreign birth?  yrs. mos. ds
2. FULL NAME Carrie # 167  (a) Residence: No. (Usual place of abod)	St., Ward. If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICUL	
4. COLOR OR RACE 5. SINGLE, MARRIED, TO OR DIVORCED (write with the continued)	vord) Securities / 1934
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of (Mubrison) Whie	(Month) (Dey) (Year)  22. 1 HEREBY CERTIFY. That I ettended deceased from  1934, to Alleuder 11, 1934
6. DATE OF BIRTH (month, dey, end yeer)	I last saw hat elive on Alcender 19 34; death is seid
	then to have occurred on the data steted ebova, at 24.5.4.m.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labar Onemuna 12-6-2
year) occupation  12. BIRTHPLACE (city or town) Mukeusan	Other Contributory Causes of importance:
(State or country) Marylande  13. NAME William Racue	
13. NAME Milliam Racue  14. BIRTHPLACE (city or town) Mulegeann.  (Stete or country) Warry Lynn	Nema of operetion Dete of What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sesept South South 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Naufital Recar	23. If death wes due to axternal causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
(Address) Represented Ma 18. BUPIAL, CREMATION OR REMOVAL	Menner of injury
19. UNDERTAKER GOO. L. Selinas	24. Was diseese or injury in any way related to occupetion of deceased?
(Address) Baltimore m	. If so, specify

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GUAL V. S	1		*** ***
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See form filed under Reis. 2/2/35

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
IIS IS A PERMANENT	be stated EXACTL	be properly classified.	of certificate.
H UNFADING INK-TH	y supplied. AGE should	ain terms, so that it may	See instructions on back
WRITE PLAINLY, WIT	mation should be carefull.	CAUSE OF DEATH in pl	TION is very important. See instructions on back of certificate.
N. B	(	1	)

	County  Village or City Her  Length of residence in cit  FULL NAME W1	ITYTON, Py or town where death	(Ma. C	Tuberculo olored Br O yrs l mos ton White St., (Bal	No. St., death occurred in a horpital or institution, give its NAME instead of street and in the standard of the street and in	osds.
	PERSONAL AN	D STATISTICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
1	Male Cold	rea .	SINGLE, MAI OR DIVORCE Marri	RRIED, WIDDWED, ED (write the word) EQ	21. DATE OF DEATH Dec. 16, 1934. (Month) (Day)	, 193(Year)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	ola Whit	e.		Nov. 14, 1934 CERTIFY, Thet I attended to Dec. 16, ]	deceased from
6.	DATE OF BIRTH (month, day	, and year) No	v. 19	, 1896.	Hast saw him alive on Dec. 16, 1934, 19	; death is said
7.	AGE Years	Months O	Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 - 15PM.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onaet
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc.		er -			
UP/	9. Industry or business in work was done, as S SAW MILL, BANK, e	ILK MILL,		Ab. Carae	Pulmonary Tuberculosis	July
000	10. Date deceased last work this occupation (mgn year)	ked at	11. Total sp	time (years) ent in this I OW II cupation		1934
12. BIRTHPLACE (city or town) Venton (State or country) Maryland.					Dther Contributory Causes of importance:	
ER	13. NAME	James Wh	ite,			
FATHER	14. BIRTHPLACE (city or to	wn) Vent	on, land.		Name of operation Dete of	O O
ER	15. MAIDEN NAME	Betty	3333	Milyer - mo	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or too (State or country)	wn) Ventor			Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT John E. O'Neill,					(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE.
18	BURIAL, CREMATION, OR, R	emoval md. o	ate Dec	20 ,1934	Manner of injury	
19	UNOERTAKER MIS (Address) 1681				24. Wes disease or injury in any wey related to occupation of deceased?	10.
20,	FILED Dec. 16,1	904 Jun	Loca	PRice 1 Registrar.	(Signed) All College (Address) Henryton Mu	W M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance hame other important diseases or injuries. Examples:

Example I	- / 0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-

10000

CERTIFICATE	OF DE	AIH	14004
			71
	Registratio	n Dist. No.	16
No.		Si	., Ward
leath occurred in a hospital or institu			
ds. How long in U.S. if o	of foreign birth?	угѕ	mosds
on			
Ast., Ward.			
		ent give city or tow	
MEDICAL C	ERTIFICAT	TE OF DEAT	Н
21. DATE OF DEATH	Aso	75	10
	(Month)	(Day)	(Year)
			7.,
22. I HEREBY	CERTI	10	endad dacaased from
7312		dee d	2-1
I last saw h alive on a		19	deeth is sale
to have occurred on the deta steta		//m,	
The PRINCIPAL CAUSE OF DEAT	TH and related ca	uses of Importance	Detectors
ardio	Mas	adag	alieut
Renal	Klin	enal	rys
Other Contributory Causes of Impo	ortance:		
Controllery Cause of Impo	or carice .		1 0
( Decity of	or de	00	13/1
7011	A A	1 1	
Name of according	0		
Name of operation	uli T		of
What test confirmed diegnosis	mai		e en eutopsy?/1
23. If daath was due to external cau	uses (VIOLENCE)	fill in also the fol	lowing:
Accident, suicide, or homicide?		Data of Injury	, 19
Whera did injury occur?	18-11-		16.
Specify whether injury occurred in	NDUSTRY, In	or town, county an	IC PLACE.
	X		
Menner of injury			
Neture of injury			
24. Was disease or injury In any w	ey related to con	unation of days	, no
	ay related to occ	upation of dacaase	012.99
If so, specify	111	000	
(Signed)	MARGIN	aru.	-12. A. M. D
(Address)	Marin	suspery.	11

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Example I	i i	Example II	2004
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Gallstones	May 1,1923	Gastroenteritis	1 year
	11.149 21,1000		1 9

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12	333
1. PLACE OF DEATH	(131)	, ,
County_Carroll	Registration Dist. No.	4-
Village or City Disperville	No. Min a field State Hospital St., death occurred in a hoppital or institution, give its NAME instead of street and nur	Ward
Length of rasidence In city or town where deeth occurred 14 yrs 3 mos.	death occurred in a hoppital or institution, give its NAME instead of street and nur	mber)
2. FULL NAME Lewis Owen Hilson		
(a) Residence: No. Have de Grace . Md.	Havre de Grace. Ma	1
(a) Residence: No. January (Usual place of abode)	If nonresident give city or town and St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Market Stingle, MARRIED, WIDOWED, OR DIVORCED (price the word) Single	21. DATE OF DEATH Lecember 13 5 (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY. That I attended de leptember 27 1920, to December 13	ceased from
6. DATE OF BIRTH (month, day, and yeer) October (Muknown) 1884.	Hast saw h sur ailve on Alcender / 3 5 1934.	., 19.9.7
7. AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated abova, at 1.15 P. m.	death is said
50 2 Tunkers Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
8 Trada profession or particular		Data of onsat
8. Trada, profession, or particular kind of work done, es SPINNER, Day Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Cardwarcular renal Drease with	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	high arterial teurion = Mithal regargilation	
SAW MILL, BANK, etc	and Chronic Rephritio.	1928
12. BIRTHPLACE (city or town) unknown	Other Contributory Causes of importance: Cerebral Nemorrhage weth Kemplegin	Mec. 12ª
(State or country) Harford Co. Mcl.	of right side	1934
13. NAME Lewis Vilson		
14. BIRTHPLACE (city or town) Unknown (State or country) Harfard Co. Md.	Name of operation None  Oute of  Date of  Mysical argus and (aforatory findings)  What test confirmed diagnosist.  Was there in aut	lopsy? ho
15. MAIDEN NAME Emma Green	23. If death wes due to external ceusas (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) unknown (State or country) Allawase	Accident, suicida, or homicide? Deta of Injury Where did injury occur?	, 19
17. INFORMANT Springfield state Horpital (Records) (Addrass) Sykewille Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL HARAGE LE CHASE, Michael Des-15, 19.34	Manner of Injury	
19. UNDERTAKER Cles. Paracie flore voor	24. Was disease or injury in any way releted to occupation of deceased?	w
20. FILED Del /3 , 1934 OHany Steer	(Signed) John h Morris	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1 1000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
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